

FULLER (E.)

A Case of Cancer  
of the Urethra.







## A CASE OF CANCER OF THE URETHRA.\*

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THE specimen, which is one of villous cancer originating in the urethral mucous membrane, was taken from an old man whose death was hastened if not directly caused by retention of urine due to the plugging of the canal by the growth.

Fig. 1 represents a side view of the distal portion of the organ. Fig. 2 represents the internal appearance of the growth, an incision having been made from the meatus along the frænum and floor of the urethra, which allowed the sides of the organ to be spread apart, thus exposing the urethra. In the glans penis there are four sinuses connecting with the urethra. Three of these can be seen in Fig. 1; the fourth is on the right side of the glans, and consequently does not appear in the photograph. All these sinuses are largely filled with the growth. The one, however, just above the meatus and the meatus itself are so corked by the villous mass as to be water-tight. In studying this specimen, the early history of which is unfortunately somewhat meager it is evident that the growth first of all filled up the fossa

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navicularis, thus shutting off the urine from its natural vent, the meatus. At the same time the soft cancer destroyed the firm urethral tissues, thus allowing the pent-up urine to infiltrate and finally to discharge itself from a sinus which in turn was itself choked up by the encroaching growth, only to be replaced by another, a little farther



FIG. 1.

removed from the center of infection, and so on, until at length the individual in question died, as has been described.

Dr. Fordyce, who has also kindly photographed this interesting specimen, will append the result of his microscopical investigation.

*Microscopic Examination.*—This extremely interesting specimen of cancer of the penis had been so badly preserved in alcohol that it was impossible to obtain very satisfactory sections for microscopic purposes. The new growth was soft and friable, and took the stains imperfectly or not at all. Cancers of the urethra are so rarely met with that they are well worthy of a careful study, and it is to be regretted that a more detailed examination could not be made in the case. The new growth was, however, an epithelioma, as shown by the presence of numerous epithelial cell nests inclosed within proliferating processes of epithelial tissue which filled up the fistulous tracts communicating with the urethra and composed the papillary outgrowths from the urethral mucous membrane.

It could not be determined from the material at hand whether the cancer was primary in the urethra or whether it had extended from a growth within the bladder. In the cases of epitheliomata of the



FIG. 2.

urethra quoted by Sutton (*Tumors, Innocent and Malignant*, 1893), from Griffiths, Beck, and Witsershausen, the new growths started in the perineal urethra and led finally to urinary obstruction and fistulæ.

The tumors were grayish white in color and extremely brittle.





